									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2003									10809804					
		CLAIMS AS	S FILED - PART I (Column 1) (C					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS					·			RAT	E	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2 Pmin	us 20=	. 4			X\$ 9=			OR	X\$18=	72	
INDEPENDENT CLAIMS			mi	nus 3 =	*			X43=			OR	X86=		
l		DENT CLAIM PF	RESENT					+145	i=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTA	۱L		OR	TOTAL	842	
CLAIMS AS AMENDED - PART II									:		•	OTHER		
3-5-07 (Column 1) (Column 2) (Column 3)								SMA		ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
OME	Total	.24	Minus	** 2	4	= /		X\$ 9	=		OR	X\$18=		
MEN	Independent	. /	Minus	*** 4	3	7		X43	=		OR	X86=		
Ā	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEM	CLAIM]	+145			OR	+290=		
									TAL		-	TOTAL		
								ADDIT.		L	OR	ADDIT. FEE	<u> </u>	
		(Column 1)	1		mn 2) HEST	(Column 3)	1		-	ADDI-	1		ADDI-	
AMENDMENT B	,	REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RAT	E	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ S	} =		OR	X\$18=		
	Independent	*	Minus	***		=		X43	=		OR	X86=		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	+145	 i=		OR	+290=		
									TAL	 	OR	TOTAL		
										<u></u>	Jou	ADDIT. FEE		
				<u> </u>	1		ADDI-							
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9)=	,	OR	X\$18=		
	Independent	*	Minus	***		=		X43	i=	·	OR	X86=		
Į₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145			1	,000		
the enter in religion 2 wide "0" in column 3											OR	+290= TOTAL		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													<u></u>	
***	If the "Highest Nu The "Highest Nun	imber Previously F nber Previously Pa	aid For" IN TH id For" (Total o	iiS SPACE or Indepen	e is less the dent) is th	e highest numb	oer fo	ound in th	ne ap	propriate bo	ox in c	olumn 1.		